

32, he leaves behind a legacy of humanitarian works and honorable deeds that would do any man or woman proud. Before serving in Afghanistan as an Army reservist, Ben had worked for the Centers for Disease Control as an international emergency and refugee health analyst. And he was the cofounder and director of ClearWater Initiative, an organization which aspired to provide clean drinking water to refugees displaced by an international emergency. In the past 2 years, his leadership at ClearWater had managed to provide over 6,500 people in Uganda with clean drinking wells.

To the thousands of lives he changed in Uganda, Ben was known as "Moses Ben." But to his grieving family—his parents, Gary and Laura; his siblings, Anna and Samuel; his fiancée, Beth; her son, Danny; and her parents, Barbara and Jimmy Segaloff—he was simply Ben, a warm, kind, generous, and loving young man with so much life ahead of him taken from all of us too soon.

Connecticut mourns and America mourns this family's loss today.

FACTS ABOUT THE DEMOCRATS' HEALTH CARE PLANS

(Mr. SMITH of Texas asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SMITH of Texas. Mr. Speaker, here are some facts about the Democrats' health care bills: They reduce benefits for seniors, according to the Congressional Budget Office; young people, and perhaps most others, pay higher premiums for health insurance, according to nonpartisan analysts; just because you like your health care insurance does not mean you can keep it, according to the Congressional Budget Office; if you don't buy the insurance policy the government requires, you pay an excise tax of almost \$2,000, according to legislative language; and the cost of health care increases—not decreases—according to the Congressional Budget Office. And none of the plans contains language, known as "tort reform," to reduce frivolous lawsuits against medical personnel.

Mr. Speaker, let's give the American people the facts about the Democrats' health care proposals. If we do, they will insist that we start over and get it right.

IT IS TIME TO REPEAL "DON'T ASK, DON'T TELL"

(Mr. SESTAK asked and was given permission to address the House for 1 minute.)

Mr. SESTAK. Mr. Speaker, the President correctly addressed the cratering of our economy at the beginning of his administration. And while it's intense, it's no longer intensifying, and we're on the road to economic recovery.

He then took on health care reform, which was correct, with 14,000 Ameri-

cans losing their health care every day, to provide them affordable, accessible health care in the future.

It's time to address an issue of our ideals, and that is the repeal of "don't ask, don't tell" in the military that discriminates against gays.

I served 31 years in the military and rose to be a three-star admiral. I went to war, and we knew by public survey that those who went with me, a certain percentage, were gay. How could I, or anyone, come home and say they don't now deserve equal rights? It's time, Mr. President and this Congress, to hold up a national mirror and say that's not who we are; we are better than that, and repeal "don't ask, don't tell" this year.

THREE DAYS

(Mrs. BACHMANN asked and was given permission to address the House for 1 minute.)

Mrs. BACHMANN. Mr. Speaker, today the majority leader just committed himself and the Speaker of the House to giving the public and Members of Congress 72 hours—or 3 days—to read the bill that will require the government takeover of health care. Three days. How magnanimous of them. A bill that will destroy America's health care system, and doctors, nurses, hospitals, clinics, insurance companies, families, and individuals will have 3 whole days to read this bill and then call their Member of Congress to weigh in. Three months to read this bill would be an abbreviated amount of time.

This bill will soon become Medicare for all. Medicare, as we know, will be bankrupt inside of 8 years, and as the ship is taking on water and sinking, this Congress wants to pour more water into the boat. And they think it's magnanimous to give us 3 days to read the bill? Please. Three months would be a minimum.

HEALTH INSURANCE REFORM WILL HELP SENIORS

(Mr. TONKO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. TONKO. Mr. Speaker, I would like to take a moment to talk about how the health insurance reform will help our Nation's seniors.

We have all heard about the dreaded Medicare part D doughnut hole—the gap in prescription drug coverage that 7,300 seniors a year in my congressional district alone face. Seniors who fall in the doughnut hole must cover the full cost of their prescription drugs, forcing many to cut back on their prescription use.

H.R. 3200 fills in the doughnut hole, shrinking it over several years until there is no interruption in prescription drug coverage for our seniors. Until the doughnut whole is completely filled, H.R. 3200 also offers discounts on

brand-name prescription drugs to seniors who fall into that doughnut hole.

H.R. 3200 also makes great strides in improving the care Medicare patients receive. It includes provisions that encourage doctors to spend more time with their patients and to check up with them more frequently. Accountable care organizations and medical homes in the bill will promote coordination of care amongst the different health care professionals and result in better health care outcomes for Medicare patients.

I am proud to support this bill and encourage my colleagues to do the same

FLAWED HEALTH CARE REFORM

(Mr. GINGREY of Georgia asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. GINGREY of Georgia. Mr. Speaker, I appreciate Secretary Sebelius coming to the Capitol yesterday to meet with the Republican Study Committee. And I asked the Secretary if the President intended to keep the promises he made on health care, specifically if he will stick by his pledge not to sign a reform plan that would add a dime to the deficit; ease access to taxpayer funds for illegal immigrants; reduce Medicare benefits to our seniors; or cause anyone who is happy with the coverage they currently have to lose it.

Secretary Sebelius gave no response regarding the first three pledges but on the fourth, she said it is impossible to guarantee Americans can keep the health coverage they now have.

Mr. Speaker, this underscores how flawed this reform plan is. The vast majority of Americans are happy with the health care coverage they currently have. Certainly we need reform for those Americans for whom the system is not working, but we shouldn't force as many as a hundred million persons into a government-run health care plan. H.R. 3200 would do exactly that.

We can do better.

□ 1600

HEALTH CARE REFORM AND BALANCING THE BUDGET

(Mr. BURTON of Indiana asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURTON of Indiana. Madam Speaker, I ran into one of my constituents last week, a fellow named Jim Byers, and he said, You know, if you guys could balance the budget, I'll bet you could reach an agreement on health care. And he said, Why don't you talk to your Democrat colleagues about giving a guarantee that they'll balance the budget in a reasonable length of time? And if they'll do that then you'll probably be able to work out the health care differences that you have.

And so I got today the figures on the Baucus bill coming out of the Senate, \$487 billion in new taxes, and probably a couple of trillion dollars over the next 10 years. So I'd just like to say to my colleagues on the Democrat side of the aisle, let's get together and figure out a way to balance the budget. And if we can do that, then we could solve the problem of health care.

All of us who are privileged to serve in this Chamber are deeply involved in the nationwide debate on health care.

Currently, the Democrat Majority in Congress is trying to craft a single health insurance reform bill from the bits and pieces of four competing alternatives not to mention President Obama's "plan" which has never been put on paper.

At the moment we do not know what, if anything, the House of Representatives will vote on. I have made my views clear. I have said over and over on this Floor and in my town hall meetings that I will not support, and I will strongly work to defeat the House Democrats' government take-over.

Here are some straightforward reasons why I oppose the bill:

Health care costs will go up for the government and everyone else.

As many as 2 out of 3 Americans will lose their current health coverage and be forced into the government-run plan.

Raising taxes on small businesses is the wrong solution for an economy in a recession.

The new government run plan will lead to fewer choices and rationing.

I support health care reform that would expand opportunities for small businesses to band together to purchase high-quality health care for their employees at more affordable prices, and medical liability reform legislation to eliminate expensive defensive medicine.

Unfortunately these proposals have been blocked. If either of these two proposals were law today, we would be starting at a very different place with health reform.

What the House Democrats are proposing goes far beyond fixing the problems we all know need to be addressed. The House bill is a complete upheaval of our current system. That is why the bill lacks bipartisan support.

As the Democrats in Congress choose to focus the debate about health care reform on creating a government run health plan, they are ignoring another important issue that directly relates to health care reform.

That is the issue of balancing the budget, which has not been given much attention in this debate by the Democrat Majority. This has not gone unnoticed in my Congressional District.

Earlier this week, one of my constituents named Jim Byers stopped me to talk about what we are doing here in Congress to balance the budget.

Sadly, I did not have an answer for him. For now, it looks as if this Congress has decided to take the issue of balancing the budget off the table.

The non-partisan Congressional Budget Office on Wednesday said that the deficit for fiscal year 2009 totaled about \$1.4 trillion, a \$950 billion increase over the shortfall posted in fiscal year 2008.

The deficit now represents 9.9 percent of the gross domestic product.

While revenues were down nearly \$420 billion (17%) below receipts in fiscal year 2008,

outlays increased by over \$530 billion (18%), in fiscal year 2009. About \$245 billion of the spending increase resulted from outlays for TARP.

Since the fall of 2008, Congress has spent: TARP—Original Cost: \$700 Billion.

Democrat Stimulus: Base Cost = \$787 billion; Stimulus: Cost with Interest = \$1.1 trillion. FY 2009 Omnibus: Total Spending: \$410 billion.

FY 2009 Defense Supplemental: \$105.9 Billion.

State Children's Health Insurance (CHIP) Reauthorization: \$73.3 Billion.

This time around, the Majority is trying to ram through a health care reform bill that—by some estimates will cost upwards of \$1 trillion over the next 10 years. How does this level of spending square with the goal of balancing the budget?

It can't be done, unless of course, we are prepared to raise taxes or cut Medicare to the tune of \$500 billion.

I agree with Mr. BYERS. We have to start taking concrete steps to balance the budget. I sincerely believe that if the Democrats commit to balancing the budget then a bipartisan agreement on health care reform can be achieved.

If not, and they continue to walk down the path of dismantling our Nation's current health insurance system without any regard to the Federal budget and future deficits, I will fight them every step of the way.

We need to start talking about the other half of the health care debate—the budget. If we move forward on health care reform without any solid commitment to balancing the budget we are most certainly doomed to a future of uncontrollable deficits.

GAY RIGHTS AGENDA

(Mr. GOHMERT asked and was given permission to address the House for 1 minute.)

Mr. GOHMERT. Well, we've done it. Today was a landmark day. This body took the body of our military and attached to that body, as they were fighting, a gay rights agenda. I say "gay rights agenda" about this hate crimes bill because there is already a hate crimes bill. It was part of the 1968 Civil Rights Act. It included things like race, creed, color, national origin. So that was there already.

So what we have done indicates this body has no shame. You know, we will take our military fighting for us, and attach a gay rights agenda to get it accomplished. You know, what's next? Where else do we go? What shame is there left? I guess there's more to be seen.

SPECIAL ORDERS

The SPEAKER pro tempore (Ms. MARKEY of Colorado). Under the Speaker's announced policy of January 6, 2009, and under a previous order of the House, the following Members will be recognized for 5 minutes each.

The SPEAKER pro tempore. Under a previous order of the House, the gentle-

woman from California (Ms. WOOLSEY) is recognized for 5 minutes.

(Ms. WOOLSEY addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

HOMEBUYER TAX CREDIT PROGRAM

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Washington (Mr. McDERMOTT) is recognized for 5 minutes.

Mr. McDERMOTT. Madam Speaker, my hometown newspaper, The Seattle Times, published a front page story the other day under the headline, "First-time Buyers Ignite Home Sales." The bottom line is that the \$8,000 tax credit for first-time homebuyers is working and should, at a minimum, be extended before it expires at the end of November. Some experts even suggest expanding the program to anyone buying a home. And that's worth considering.

The tax credit was included in the American Recovery and Reinvestment Act that the President signed into law in February. It had an almost immediate and positive impact on the U.S. housing market, and the data proves it. This chart shows that in March, the housing was still in free fall. But in April, when the tax credit began to take hold, we see the beginning of a steady increase in home sales through August, the last month for which figures are available. The tax credit has made homeownership a reality for thousands of decent, hardworking Americans. Extending it makes financial sense, economic sense, and it especially makes middle class sense.

Across America, prices are stabilizing, and the inventory of homes for sale is trending downward toward a point where market forces do not favor either the buyer or the seller. When people buy homes, they purchase appliances and curtains and a whole list of durable goods, so the positive impact of the local economy is more than just the actual purchase. It supports other jobs.

The program is working for America's families and for America. During the Congressional debate last winter the National Association of Realtors forecast that the first-time homebuyer tax credit would generate a half a million homes. The actual number is 1.4 million homes. And that benefits local governments too because of real estate and other local taxes that help pay for vital community services like police and fire.

If the program is extended and possibly expanded, there is new forecast of the impact, and it's very impressive. The second chart shows what can happen if we keep going a little longer and jobs and wages across the country, including my State, and the congressional district, the U.S. would expect 347,000 jobs with wages of \$16 billion; Washington State, 8,000 jobs, with \$375 million in wages.